Acute Care for Elders Sitter Protocol for Reduction of 1:1 Observation in a Large Tertiary Hospital
Anita Steliga, RN, MSN, GNP; Jonny Macias, MD, Saima Akbar, MD
Aurora Health Care, Milwaukee WI

BACKGROUND
- 1:1 observation of patients is used by many hospitals to prevent injury with high risk patients
- However, there is no clear evidence that 1:1 observation prevents falls or improves outcomes
- Senior patients requiring 1:1 observation are more complex, can have prolonged lengths of stay and difficult discharges.
- These patients may have challenging behaviors and may be prescribed antipsychotic medications.
- Constant observation of patients can have significant financial impact on hospitals.
- Some strategies to reduce 1:1 observation have shown cost savings without negative impact on patient falls, use of restraints, or patient satisfaction.

ACE (Acute Care for Elders) CONSULT TEAM
- ASLMC is a 600 bed tertiary hospital with 16 virtual ACE units
- The ACE consult team consists of 2 geriatricians and 1 geriatric nurse practitioner who work closely with the hospital care team
- The ACE consult team at ASLMC (Aurora St. Luke’s Medical Center) identified that many of the 1:1 observation patients age > 65 had delirium or delirium on top of dementia
- Patients with delirium can have adverse outcomes and longer lengths of stay
- The team developed a sitter protocol aimed at management of these complex patients

OBJECTIVE
To examine the relationship between ACE consult team and 1:1 observation use

METHODS
- The ACE team conducts comprehensive geriatric assessment of 1:1 observation patients to identify geriatric syndromes
- A multidisciplinary approach is used which includes the nurse, physical therapist, occupational therapist, social worker and pharmacist
- The ACE team works closely with the hospitalists
- For patients requiring 1:1 observation for more than 3 days, a person-centered care plan is developed for the bedside and updated regularly
- With the multidisciplinary team, the transitions of care needs are identified.

RESULTS
- ACE consult and 1:1 observation use data was collected on 16 units during the time period of June 2012 - December 2013
- 30% of geriatric patients who required 1:1 observation patients had an ACE team consult.
- A 20% decline in 1:1 observation charges over the data collection time period resulted.
- This translates to a cost savings of $161,149

LIMITATIONS
- The ACE Team is not reaching all of the senior 1:1 observation patients due to consult requirement from the attending physician
- There are other co-existing initiatives in the hospital to reduce sitter use

REFERENCES